

CAP Indicator Code

THIS DOCUMENT CONTAINS FLUORESCENT FIBERS, FLUORESCENT ARTIFICIAL WATERMARK AND IS PRINTED ON CHEMICAL REACTIVE PAPER

MEDICAID IDENTIFICATION CARD

N.C. DEPT. OF HEALTH AND HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE

CAP ID	COUNTY CASE NO. 888888	ISSUANCE 99999R	PROGRAM MAD	CLASS C	FROM 01-01-2005	VALID THRU 01-31-2005
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CASE I.D. CASEHEAD

RECIPIENT I.D. 123-45-6789 Q	ELIGIBLES FOR MEDICAID John Q. Client Dr. Fred Flinstone	INS.NO. 1	BIRTHDATE 10-01-63	SEX M
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ELIGIBLE MEMBERS

ENS.NO. 1	NAME CODE 091	POLICY NUMBER 998877665544	TYPE 00
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MISUSE MAY RESULT IN FRAUD PROSECUTION

SAMPLE

RECIPIENT (Signature) _____ (Not valid unless signed)

5062 DMS005 (REV 8/99)